WHISPERING OAKS CARE CENTER

620 HARPER AVENUE

PESHTIGO 54157 Phone: (715) 582-4148	}	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	45	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	45	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	33	Average Daily Census:	31

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	12.1 51.5
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65 65 - 74		More Than 4 Years	30.3
Day Services Respite Care	Yes	Mental Illness (Org./Psy) Mental Illness (Other)	3.0	75 - 84	39.4	i I	93.9
Adult Day Care Adult Day Health Care		Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		************************************	
Congregate Meals	No	Cancer	0.0	l		Nursing Staff per 100 Res	
Home Delivered Meals Other Meals	No No			 65 & Over		(12/31/03) 	
Transportation	No						14.9
Referral Service Other Services	Yes No			Gender 			13.7
Provide Day Programming for		Other Medical Conditions	9.1	Male	54.5	Aides, & Orderlies	43.7
Mentally Ill Provide Day Programming for	No			Female 	45.5	•	
Developmentally Disabled	No			i I	100.0	İ	trata de atrata de atrata

Method of Reimbursement

	Medicare Medicaid (Title 18)			Other			Private Pay		Family Care			Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	25	96.2	88	3	100.0	121	4	100.0	118	0	0.0	0	0	0.0	0	32	97.0
Intermediate				1	3.8	72	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	Ο	0.0		2.6	100.0		3	100.0		4	100.0		0	0.0		0	0.0		33	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
beachs burning Reporting Terrou					% Needing		Total
Percent Admissions from:	i	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	12.1		72.7	15.2	33
Other Nursing Homes	4.5	Dressing	24.2		66.7	9.1	33
Acute Care Hospitals	95.5	Transferring	42.4		42.4	15.2	33
Psych. HospMR/DD Facilities	0.0	Toilet Use	36.4		45.5	18.2	33
Rehabilitation Hospitals	0.0	Eating	75.8		21.2	3.0	33
Other Locations	0.0	******	******	*****	* * * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	22	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	6.1	Receiving Resp	iratory Care	12.1
Private Home/No Home Health	15.4	Occ/Freq. Incontiner	nt of Bladder	51.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontiner	nt of Bowel	27.3	Receiving Suct	ioning	0.0
Other Nursing Homes	7.7				Receiving Osto	my Care	0.0
Acute Care Hospitals	50.0	Mobility			Receiving Tube	Feeding	3.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	12.1	Receiving Mech	anically Altered Diets	21.2
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	23.1	With Pressure Sores		3.0	Have Advance D	irectives	93.9
Total Number of Discharges		With Rashes		3.0	Medications		
(Including Deaths)	26				Receiving Psyc	hoactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Proj	prietary	Und	er 50	Ski	lled	Al	1		
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities		
	&	% Ratio		% Ratio		%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	58.4	84.6	0.69	80.3	0.73	88.1	0.66	87.4	0.67		
Current Residents from In-County	75.8	75.5	1.00	75.6	1.00	69.7	1.09	76.7	0.99		
Admissions from In-County, Still Residing	22.7	18.9	1.20	26.7	0.85	21.4	1.06	19.6	1.16		
Admissions/Average Daily Census	71.0	152.9	0.46	109.6	0.65	109.6	0.65	141.3	0.50		
Discharges/Average Daily Census	83.9	154.8	0.54	108.9	0.77	111.3	0.75	142.5	0.59		
Discharges To Private Residence/Average Daily Census	16.1	63.8	0.25	28.0	0.58	42.9	0.38	61.6	0.26		
Residents Receiving Skilled Care	97.0	94.6	1.03	77.5	1.25	92.4	1.05	88.1	1.10		
Residents Aged 65 and Older	78.8	93.7	0.84	92.5	0.85	93.1	0.85	87.8	0.90		
Title 19 (Medicaid) Funded Residents	78.8	66.0	1.19	52.5	1.50	68.8	1.14	65.9	1.20		
Private Pay Funded Residents	12.1	19.0	0.64	41.3	0.29	20.5	0.59	21.0	0.58		
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.5	0.00		
Mentally Ill Residents	36.4	31.3	1.16	40.0	0.91	38.2	0.95	33.6	1.08		
General Medical Service Residents	9.1	23.7	0.38	14.4	0.63	21.9	0.42	20.6	0.44		
Impaired ADL (Mean)	37.6	48.4	0.78	47.9	0.78	48.0	0.78	49.4	0.76		
Psychological Problems	66.7	50.1	1.33	56.9	1.17	54.9	1.21	57.4	1.16		
Nursing Care Required (Mean)	5.3	6.6	0.81	6.0	0.88	7.3	0.73	7.3	0.72		
Marsing care Required (Featt)	5.5	0.0	0.01	0.0	0.00	7.5	0.75	7.5	0 . 12		